



Sacred Springs
Own Your Health

Health History Questionnaire for Colon Hydrotherapy

Please PRINT and Answer all Questions.

Date: ___/___/___

NAME: _____ (cell ph) _____ (work ph) _____

ADDRESS: _____ City _____ State _____ Zip _____

E-Mail: _____ Occupation: _____

HEIGHT: _____ WEIGHT: _____ BIRTH DATE: _____ AGE: _____

Are you Under a Physicians Care? _____ Name _____ Type: _____

(ICE) In Case of Emergency contact: _____ Relation: _____ Phone: _____

What is a Contraindication? (*con-tra-in-di-ca-tion*) *A contraindication is a specific health condition in which a Drug, Disease, Procedure, Treatment or Surgery is inadvisable, as it may be harmful to the health of the client/patient.*

* Contraindications: [] and Date if ever had any of the Following:

DATE

- _____ Abdominal Hernia
- _____ Abdominal Surgery
- _____ Abnormal Distension
- _____ Acute Liver Failure
- _____ Anemia
- _____ Aneurysm - All Types
- _____ Cancer-Type _____
- _____ Cardiac Condition
- _____ Crohns Disease
- _____ Colitis

DATE

- _____ Dialysis Patient
- _____ Diverticulosis/Diverticulitis
- _____ Fissures & Fistulas
- _____ Hemorrhaging
- _____ Hemorrhoidectomy
- _____ Intestinal Perforations
- _____ Lupus
- _____ Pregnant -(due date _____)
- _____ Rectal / Colon Surgery
- _____ Renal Insufficiencies

Please check []

- _____ Hemorrhoids
- _____ Internal ___ External
- _____ Rectal / Blood in Stool
- _____ Recent Colonoscopy
- _____ Use Laxatives
- _____ BM Painful / Difficult
- _____ Burning / Itching Anus
- _____ Constipation / Diarrhea
- _____ Vomiting ___ Bloating
- _____ High Blood Pressure
- _____ Infectious Disease
- _____ Date of Last Menstrual
- _____ Allergic to Latex
- _____ Bladder Infection
- _____ Infectious Disease
- Other _____

Please [] and date if you have any above*.]

I have NOT been diagnosed with any Contraindications for colon hydrotherapy: Client Initials X _____

READ and INITIAL: I am aware that this Center uses FDA Colon Hydrotherapy Device{s} and the Trained Therapist is not required to be State Licensed. This Center does have a Licensed Medical Director that may NOT be on site. No Studies have been conducted for this alternative and complementary modality. I am aware adverse events such as perforation, injury and illness have been alleged and claimed with the use of colon hydrotherapy devices and/or Enema kits.

Should I experience resistance during my nozzle insertion, I will immediately stop my Session. If during the session, I experience discomfort or pain, I am responsible for immediately stopping my session. If you are taking Medications that may increase the risk for potential side effects, then you should consult with your physician before proceeding with your colonic.

I have read and understand my responsibilities for colon hydrotherapy sessions: Client Initials X _____

I have reviewed and discussed with the LIBBE Device Trained Therapist that I do not have any Diseases, Contraindications or other Health Concerns and I wish to proceed with my colon hydrotherapy sessions:

CLIENT SIGNATURE: X _____ Date ___/___/___

As a Trained Therapist, I will always follow the LIBBE Manufacture operation, use & maintenance guidelines. I have reviewed and discussed this form with above client. **Therapist Signature:** X _____

Notes: _____

How did you hear about us?

- Physician: _____ • Friend _____ • Paper _____
- Family Member _____ • Coupon where: _____
- Internet _____ • Colonic.Net _____ • Sign _____
- Other? _____

Client First Session Evaluation: Yes / No

- Did Therapist review Contraindications and inquire to any health issues? _____
- Were Device, Room, Rest rooms Clean? _____
- Were you Covered and Comfortable? _____
- Were your results Satisfactory? _____
- Will you recommend to family/friends? _____
- Problems or Discomfort during session? _____
Please Explain: _____
- How do you feel? _____

Client Signature:

X _____

Pre Paid Sessions INITIALS			
#	Date	Therapist	Client
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

PREPAID DISCOUNTED COLONIC SESSION PACKAGES SOLD AS FOLLOWS:

1. All Prepaid Discounted Colonic Sessions are to be used within six (6) months of purchase.
2. No Show appointments are counted as a used session without a 12 hour advance cancellation.
3. Health History should be updated after twelve sessions. No Refunds! Non-Transferable!

CLIENT SIGNATURE: X _____ Date ____/____/____

Possible Side Effects: Increased Energy, Nausea, Vomiting, Cramping, Light Headed, Excessive Gas or Bloating, Overheating, Diarrhea, Headaches, Temporary Increase in Body Odor, Joint or Body Aches, Increased Appetite, Hemorrhoids: *(which may be irritated, inflamed or bleed)*,

Precautions: Over Hydration: *(may occur when multiple colonic sessions are done during a short period of time)*
 Perforation of Rectum / Colon, Irritation / Inflammation / Allergic Reactions of the rectum due to lubricant, Water Over temperature, Other Issues when colonic equipment is improperly used, failure to use approved disinfectants or perform the monthly and annual maintenance to prevent bacteria growth and/or operated by untrained therapists.